



MISSISSIPPI SECRETARY OF STATE
POST OFFICE BOX 136
JACKSON, MISSISSIPPI 39205-0136
CUSTOMER SERVICE 601-359-1633
www.sos.state.ms.us

STATEMENT OF MERGER

Filing Fee \$25.00. Type or print legibly in blue or black ink. Please do not highlight or write above this line.

1. <u>Name of Domestic partnership and other entities that are a party to the merger; including entity types. (partnerships, limited partnerships, corporations etc):</u>	Name of Domestic Partnership Name of other entity Entity Type Name of other entity Entity Type Name of other entity Entity Type
2. <u>Domicile of surviving entity and entity type</u>	Name of Surviving Entity Entity Type
3. <u>Street Address of Chief Executive Office:</u>	Street Address City State Zip Code
4. <u>Street Address of one Office Located in Mississippi, if any:</u>	Street Address City State Zip Code
5. <u>Continuing Sections:</u> (to continue information from any section, mark box and follow instructions)	<div><input type="checkbox"/> Page(s) Attached</div> <div>To continue information from any section(s) of this form, please: 1. Mark the box at the left. 2. Attach plain 8 1/2" x 11" paper and specify which section(s) are being continued.</div>
6. <u>Signatures:</u> (must be executed by at least 2 partners)(to continue on another page...see section 6)	I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF MISSISSIPPI THAT THE FOREGOING IS TRUE AND CORRECT OF MY OWN KNOWLEDGE. _____ Partner Signature _____ Print Name _____ Partner Signature _____ Print Name
	Submit completed form along with the filing fee of \$25.00 to Mississippi Secretary of State, Business Services Division, Post Office Box 136, Jackson, Mississippi 39205-0136.